

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann
SECRETARY OF STATE



Name of Committee Comm. to Elect Deborah Gambrell
Address 713 Ronie St., Hattiesburg, MS. 39401
Telephone 601-583-9401 Fax 601-583-6119
Treasurer Cora Jones Email gambrelld@msn.com

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
____ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
✓ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Runoff Candidates
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Mandatory
____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|--|------------------------|------------------------|
| Total amount of contributions | \$ 27,500 ⁰ + \$ 5,100 ⁰ | \$ 32,600 ⁰ | \$ 32,600 ⁰ |
| Total amount of disbursements | \$ + \$ | \$ 34,352.43 | \$ 2,1752.43 |
| Total amount of cash on hand | | \$ 0 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date 10/25/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee to Elect Deborah Gambrell
 Reporting period 10/1 through 10/26/10

ITEMIZED DISBURSEMENTS

| | | |
|--|---|---|
| A. Full name <u>Row the Sign Man</u> | Date (Mo., Day, Year) <u>10/11/10</u> | Amount of each disbursement this period \$ <u>3300.00</u> |
| Mailing Address <u>10016 Hwy 98</u> | <u>10/15/10</u> | \$ <u>2500.00</u> |
| City, State, Zip Code <u>Navarre, Fla</u> | | |
| Purpose of Disbursement (Optional) <u>Signs, Magnets</u> | Aggregate Year-to-date | \$ <u>5800.00</u> |
| B. Full name <u>Bice Advertising</u> | Date (Mo., Day, Year) <u>10/14/10</u> | Amount of each disbursement this period \$ <u>12,615.00</u> |
| Mailing Address <u>802 S. 28th Ave</u> | <u>10/15/10</u> | \$ <u>11016.43</u> |
| City, State, Zip Code <u>Nattiesburg, MS.</u> | | |
| Purpose of Disbursement (Optional) <u>newspaper, TV, Cord, et</u> | Aggregate Year-to-date | \$ <u>23,631.43</u> |
| C. Full name <u>Standard Office</u> | Date (Mo., Day, Year) <u>10/19/10</u> | Amount of each disbursement this period \$ <u>575.00</u> |
| Mailing Address <u>Nattiesburg, MS 39401</u> | <u>10/19/10</u> | \$ <u>575.00</u> |
| City, State, Zip Code <u>Nattiesburg, MS 39401</u> | | \$ <u>575.00</u> |
| Purpose of Disbursement (Optional) <u>(Printing)</u> | Aggregate Year-to-date | \$ <u>575.00</u> |
| D. Full name <u>WJKX Clear Channel</u> | Date (Mo., Day, Year) <u>10/19/10</u> | Amount of each disbursement this period \$ <u>946.00</u> |
| Mailing Address <u>Radio</u> | <u>10/19/10</u> | \$ <u>946.00</u> |
| City, State, Zip Code <u>Radio</u> | | \$ <u>946.00</u> |
| Purpose of Disbursement (Optional) <u>Radio</u> | Aggregate Year-to-date | \$ <u>946.00</u> |
| E. Full name <u>Loftin Advertising</u> | Date (Mo., Day, Year) <u>10/15/10</u> | Amount of each disbursement this period \$ <u>2500.00</u> |
| Mailing Address <u>14833 Stone Gate</u> | <u>10/15/10</u> | \$ <u>2500.00</u> |
| City, State, Zip Code <u>Baton Rouge, La</u> | | \$ <u>2500.00</u> |
| Purpose of Disbursement (Optional) <u>Advertising/Maps/Voting Stats</u> | Aggregate Year-to-date | \$ <u>2500.00</u> |
| F. Full name <u>IMPACT</u> | Date (Mo., Day, Year) <u>10/10/10</u> | Amount of each disbursement this period \$ <u>900.00</u> |
| Mailing Address <u>N. Burg. M</u> | <u>10/10/10</u> | \$ <u>900.00</u> |
| City, State, Zip Code <u>N. Burg. M</u> | | \$ <u>900.00</u> |
| Purpose of Disbursement (Optional) <u>Advertising (Newspaper)</u> | Aggregate Year-to-date | \$ <u>900.00</u> |

Name of Candidate or Committee to Elect Deborah Gambrell
 Reporting period 10/1/10 through 10/23

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|--|
| Full name <u>Rebecca Wimberly</u> | <u>10/10/10</u> | \$ <u>250.00</u> |
| Mailing Address <u>650 Neilwood Dr.</u> | <u>1/1/10</u> | \$ |
| City, State, Zip Code <u>N. Burg, MS</u> | <u>1/1/10</u> | \$ |
| Name of Employer (Required) <u>retired</u> | <u>1/1/10</u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Robert Davis</u> | <u>10/8/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 1922</u> | <u>1/1/10</u> | \$ |
| City, State, Zip Code <u>N. Burg, MS 39401</u> | <u>1/1/10</u> | \$ |
| Name of Employer (Required) <u>self</u> | <u>1/1/10</u> | \$ |
| Occupation (Required) <u>attorney</u> | Aggregate year-to-date | \$ |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Sheila + Fred Varnado</u> | <u>10/10/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>650 Neilwood</u> | <u>1/1/10</u> | \$ |
| City, State, Zip Code <u>N. Burg, Ms.</u> | <u>1/1/10</u> | \$ |
| Name of Employer (Required) <u>RSM/USM</u> | <u>1/1/10</u> | \$ |
| Occupation (Required) <u>Director</u> | Aggregate year-to-date | \$ |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Carol Jones</u> | <u>10/11/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>706 Tuscan Ave</u> | <u>1/1/10</u> | \$ |
| City, State, Zip Code <u>Nattiesburg, MS 39401</u> | <u>1/1/10</u> | \$ |
| Name of Employer (Required) <u>Gambrell Law Firm</u> | <u>1/1/10</u> | \$ |
| Occupation (Required) <u>attorney</u> | Aggregate year-to-date | \$ |

Name of Candidate or Committee to Elect Deborah ChambersReporting period 10/1 - 10/2 through _____

ITEMIZED RECEIPTS

| | | | |
|--|--|----------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Clyde + Tanya Bryant</u> | | <u>10/13/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>500 Broadway Dr.</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| City, State, Zip Code <u>N. Burg. MS.</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| Name of Employer (Required) <u>Self</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| Occupation (Required) <u>insurance agent/nurse</u> | | Aggregate year-to-date | \$ |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Kate + Larry Winborne</u> | | <u>10/12/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>500 Katie Ave</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| City, State, Zip Code <u>Nathlesburg. MS 39401</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| Name of Employer (Required) <u>physician + drug store owner</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Needham Jones, Sr.</u> | | <u>10/24/10</u> | \$ <u>15,000.00</u> |
| Mailing Address <u>38 Dewitt Carter Rd</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| City, State, Zip Code <u>Nathlesburg. MS.</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| Name of Employer (Required) <u>retired</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Deborah + Vincent Chambers</u> | | <u>10/24/10</u> | \$ <u>10,000.00</u> |
| Mailing Address <u>18 Dewitt Carter Rd</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| City, State, Zip Code <u>Nathlesburg. MS 39401</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| Name of Employer (Required) <u>Self / self</u> | | <u>1</u> <u>1</u> <u>1</u> | \$ |
| Occupation (Required) <u>attorney / business nurse</u> | | Aggregate year-to-date | \$ |